



Application Number: 10/690,600
Filing Date: Oct. 23, 2003
First Named Inventor: Dar-Fu Tai
Attorney Docket Number: MR957-1411
Art Unit: 1631
Examiner Name: Jerry Lin

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Madam/Sir,

We, the inventors of the entire right, title, and interest to the above application of patent, hereby revoke all previous powers of attorney I have granted in the above application, and hereby appoint the person below as my new power of attorney to receive all correspondence, prosecute this application, and to otherwise transact all business in the Patent and Trademark Office connected with this application or patent. Please send all further correspondence concerning the application or patent to

Shu Chuan Wang
937 Helena Circle
Costa Mesa, CA 92626
Telephone: 714-241-0761

Thank you for your attention!

Sincerely,

Dar-Fu Tai	<i>Darfu Tai</i>	<i>Feb 22, 2008</i>
Chung-Yu Lin	<i>Chung-yin Lin</i>	<i>Feb 22, 2008</i>
Tzong-Zeng Wu	<i>Tzong Zeng Wu</i>	<i>Feb 22, 2008</i>



PTO/SB/82 (01-07)

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Application Number	16/690,600
Filing Date	2003/10/23
First Named Inventor	Dar-Fu Tai
Art Unit	1631
Examiner Name	Jerry Lin
Attorney Docket Number	MR957-1411

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Dar-Fu Tai

Name

Dar-Fu Tai

Date

Feb. 22, 2008

Telephone

886-38633579

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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PTO/SB/62 (01-06)

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Application Number	10/690,600
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Art Unit	1631
Examiner Name	Jerry Lin
Attorney Docket Number	MR 957-1411

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SIGNATURE of Applicant or Assignee of Record

Signature

Chung-yin Lin

Name

Chung-yin Lin

Date

Feb 22, 2008

Telephone

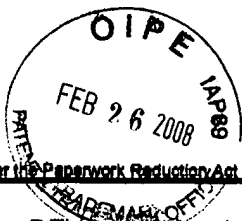
886-38631999

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PTO/SB/82 (01-08)

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☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Shu Chuan Wang		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

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Name	Tzong-Zeng Wu		
Date	Feb 22, 2008	Telephone	886-38633636

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